
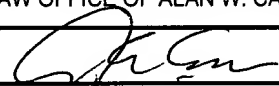
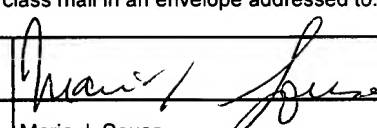


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|---|-------------------------|-----------------|
|  | <b>TRANSMITTAL FORM</b> |                 |
|   | Application Number      | 09/660,466      |
|   | Filing Date             | 09/12/2000      |
|   | First Named Inventor    | Mody            |
|   | Art Unit                | 3739            |
|   | Examiner Name           | Roane, Aaron F. |
| Total Number of Pages in This Submission  |                         | 4               |
| Attorney Docket Number  |                         | GUID-118        |

| ENCLOSURES (Check all that apply)  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>- Credit Card Payment Form (1 pg.)<br>- Part B- Issue Fee Transmittal (1 pg.)<br>- Change of Correspondence Address (1 pg.)<br>- Postcard |
| Remarks <input type="text"/>   |   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |          |        |
|--|---|----------|--------|
| Firm Name                                  | LAW OFFICE OF ALAN W. CANNON  |          |        |
| Signature                                  |  |          |        |
| Printed name                               | Alan W. Cannon  |          |        |
| Date                                       | 4/27/07   | Reg. No. | 34,977 |

| CERTIFICATE OF TRANSMISSION/MAILING   |   |         |
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| Signature   |  |         |
| Typed or printed name   | Maria J. Sousa  | Date    |
|   |   | 4/27/07 |

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